



1100 Gamble Street
Greenville, Alabama 36037

(334) 382-2606
www.fortdale.com

The Fort Dale Academy Board of Trustees has approved a policy regarding student athletes and health insurance. The policy states that a student participating in athletics at our school must have medical insurance provided by his family.

Our school insurance is not primary insurance. It is supplemental and is designed to provide assistance with out of pocket expense. It does contain a catastrophic clause.

Please complete the statement below.

.....
My signature below serves as confirmation that _____

Has medical insurance. I have listed the company and the policy number as well. I agree to inform Fort Dale Academy immediately if my child's insurance status changes.

Signature: _____

Date: _____

Insurance Company: _____

Policy Number: _____

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
MEDICAL HISTORY FORM**

(Please Print)

DATE ___/___/___

FULL NAME OF STUDENT _____
First Middle Last BIRTHDATE ___/___/___

AGE _____ SEX _____ RACE BLACK _____ WHITE _____ OTHER _____

ADDRESS _____ PHONE () _____
Street City State Zip

SCHOOL _____ GRADE _____ SPORT/ACTIVITY _____

HISTORY (COMPLETED AND SIGNED TO THE BEST OF THEIR KNOWLEDGE BY PARENT/GUARDIAN AND STUDENT PRIOR TO PHYSICAL EXAMINATION WITHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS)

- | 1 | | HAS THE STUDENT EVER | CHECK ONE | IF YES, EXPLAIN |
|---------------------------|--|---|----------------|-----------------|
| a | | been knocked out? | Yes () No () | _____ |
| b | | had a concussion? | Yes () No () | _____ |
| c | | stayed overnight in a hospital? | Yes () No () | _____ |
| d | | had an operation? | Yes () No () | _____ |
| e | | had heat exhaustion or heat stroke? | Yes () No () | _____ |
| f | | had a head or neck injury? | Yes () No () | _____ |
| g | | had a back or spinal injury? | Yes () No () | _____ |
| h | | had a heart murmur? | Yes () No () | _____ |
| i | | had high blood pressure? | Yes () No () | _____ |
| j | | had a heart problem? | Yes () No () | _____ |
| k | | fainted while doing exercise? | Yes () No () | _____ |
| 2 DOES THE STUDENT | | | | |
| a | | take medicine every day? | Yes () No () | _____ |
| b | | wear glasses or contact lenses? | Yes () No () | _____ |
| c | | wear dental appliances? | Yes () No () | _____ |
| d | | wear hearing aids? | Yes () No () | _____ |
| e | | have any allergies? | Yes () No () | _____ |
| f | | have any chronic illnesses (i.e.
diabetes, asthma, seizures)? | Yes () No () | _____ |
| g | | have any body parts missing (i.e. kidney,
finger)? | Yes () No () | _____ |
| 3 | | HAS THE STUDENT'S MOTHER, FATHER,
BROTHER OR SISTERS EVER HAD ANY
HEART PROBLEMS BEFORE 50 YEARS OF
AGE? | Yes () No () | _____ |
| 4 | | HAS ANY PHYSICIAN LIMITED THE
STUDENT'S ATHLETIC PARTICIPATION? | Yes () No () | _____ |
| 5 | | HAS THE STUDENT EVER BROKEN A BONE
OR HAD A CAST ON THE | | |
| a | | hand? | Yes () No () | _____ |
| b | | wrist? | Yes () No () | _____ |
| c | | arm? | Yes () No () | _____ |
| d | | foot? | Yes () No () | _____ |
| e | | ankle? | Yes () No () | _____ |
| f | | leg? | Yes () No () | _____ |
| g | | other? | Yes () No () | _____ |
| 6 | | IN THE PAST YEAR HAS THE STUDENT
BROKEN A BONE WHILE PLAYING SPORTS? | Yes () No () | _____ |
| | | | Activity _____ | _____ |

The examination performed for this participation is limited and designed to identify common conditions or infirmities that would limit or prevent a student from participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations and prompt treatment for illnesses/injuries.

This is to certify that I have read and understand the above information and hereby give permission and consent to emergency and/or medical treatment for my son (), daughter (), ward () and that the responses to the preceding questions are correct.

SIGNED

PARENT () OR GUARDIAN ()

DATE

AISA PARTICIPATION PERMIT

We, the undersigned, have read, discussed and understand the following:

- I. The school agrees to provide:
- A. Supervision
 - B. Instruction
 - C. Proper Equipment (This includes all equipment or uniforms provided by the participant.)
 - D. A safety orientation program for all participants
 - E. An in-excess, supplemental, scheduled payment insurance policy. Any differences in the basic coverage, deductibles, or other related expenses will be paid by the parent(s) /guardian(s).
 - F. A rules orientation program covering:
 - 1. rules of the sport;
 - 2. rules of behavior, dress and appearance;
 - 3. rules promoting safety and injury prevention;
 - 4. rules regulating conduct, procedures and action following an injury.
 - G. (For local use)
 - H. "
 - I. "

II. I was given an opportunity to attend a scheduled seminar where the following specific areas were addressed and discussed:

- A. Coaching Techniques
- B. Rules of the game
- C. Injury prevention and safety precaution
- D. Player equipment care and purpose
- E. Physical conditioning
- F. Transportation
- G. Player accountability
- H. School's insurance program
- I. The hazards connected with the use of chemicals (steroids) to enhance performance
- J. The possibility of injury, even serious injury, while participating
- K. (For local use)
- L. "
- M. "

My (son / daughter) has my permission to participate in _____ (Sport)

at _____ (School)

Signed: _____
Parent () or Guardian ()

Date

Signed: _____
Participant

Date



Alabama Independent School Association

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STUDENT/ATHLETE Medical Release Form

Alabama Independent School Association

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student/Athlete: _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1) Athletic Director;
- 2) Coaches;
- 3) Trainers;
- 4) School Administration;
- 5) Insurance Agent (Planned Benefits Services)

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

School: _____

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

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AISA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AISA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor.

Any health care professional or AISA coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AISA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June, 2011, coinciding with the AISA Concussion Policy in effect since 2010.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student Athlete Name Printed

Student Athlete Signature

Date

Parent Name Printed

Parent Signature

Date

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
PHYSICAL EXAMINATION FORM**

(Completed by Physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/____ LEFT 20/____ CORRECTED _____ UNCORRECTED _____

DATE OF LAST MENSTRUAL PERIOD _____

	CHECK ONE	IF ABNORMAL, EXPLAIN
1. Skin	Normal () Abnormal ()	_____
2. Head & Neck	Normal () Abnormal ()	_____
3. Eyes	Normal () Abnormal ()	_____
4. Ears, Nose, & Throat	Normal () Abnormal ()	_____
5. Teeth & Mouth	Normal () Abnormal ()	_____
6. Lungs & Chest	Normal () Abnormal ()	_____
7. Cardiovascular	Normal () Abnormal ()	_____
8. Abdomen & Lymphatics	Normal () Abnormal ()	_____
9. Genitalia/Hernia	Normal () Abnormal ()	_____
10. Orthopedic Screening:		
a. upper extremities	Normal () Abnormal ()	_____
b. lower extremities	Normal () Abnormal ()	_____
c. spine & back	Normal () Abnormal ()	_____
11. Neurological	Normal () Abnormal ()	_____

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed and adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

This is to certify that on this _____ day of _____, 20____, I performed the above limited examination on _____ of the _____ School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS _____ IS NOT _____ physically able to participate in ALL _____ *LIMITED _____ athletic events of the school.

PHYSICIAN (M.D. or D.O.)

*EXPLAIN LLIMITATIONS/EXCLUSION

